



Clark County Department of Building Fire Prevention Bureau

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 735-0775

Annual Operational Permits - Application

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

\$75 minimum application fee is due at time of submittal - \$160 minimum if "Expedite" is selected or required.
Fee is payable in exact cash, check or money order (drawn on a US bank in US funds), or Fire Prevention escrow account.
Check must be made payable to CCDB-Fire Prevention Bureau.

Submittal Date: _____ Payment Type: ☐ Cash ☐ Check -or- Escrow Account #: _____
 (Please check one)

CC Business License # (Required): _____ Name of Inspector requiring permit: _____
 (Please check appropriate box)

<input type="checkbox"/> Aerosol Product (FDAP)	<input type="checkbox"/> Flame Effects (FFEC)	<input type="checkbox"/> Mobile Fueling Vehicle (FMVC)
<input type="checkbox"/> Aircraft Refueling Vehicle (FDAF)	<input type="checkbox"/> Flam/Comb Liquid Storage/Use (FFCC)	<input type="checkbox"/> Monitoring Facility (FDMO)
<input type="checkbox"/> Aircraft Repair Hangar (FDAH)	(Includes: Aboveground tanks and components, Cabinets, Diesel Generators, Drums, Safety Cans, etc)	<input type="checkbox"/> Motor Vehicle Fuel Dispensing Station (FMDC)
<input type="checkbox"/> Battery Systems (FSLA)		<input type="checkbox"/> Open Flames and Candles (FDCN)
<input type="checkbox"/> Cellulose Nitrate/Pyroxylin Plastics (FCNC)		<input type="checkbox"/> Organic Coatings Mfg (FOCC)
<input type="checkbox"/> Combustible Dust-Producing (FDPC)	<input type="checkbox"/> Floor Finishing (FFFR)	Places of Assembly
<input type="checkbox"/> Combustible Fibers Storage (FFSC)	<input type="checkbox"/> Fruit Ripening (FFRC)	
<input type="checkbox"/> Combustible Misc Materials Storage (FMSC)	<input type="checkbox"/> Fumigation (FFUC)	<input type="checkbox"/> Full Facility (FDFF) _____ SF
<input type="checkbox"/> Compressed Gases (FCGC)	<input type="checkbox"/> Hazardous Materials or Facilities (FDHC)	<input type="checkbox"/> Single Venue (FDAC) _____ SF
<input type="checkbox"/> Covered Mall Kiosk (FMKC)	<input type="checkbox"/> Heliports, Helistops, and Emergency (FHHC)	<input type="checkbox"/> Proprietary Self Monitor (FPSM)
<input type="checkbox"/> Cryogen Fluids (includes fog effects) (FDCR)	Landing Pads	<input type="checkbox"/> Radioactive Materials (FRMC)
<input type="checkbox"/> Dry Cleaning Plants (FDCP)	<input type="checkbox"/> High-Piled Combustible Storage (FHPC)	<input type="checkbox"/> Refrigeration Equipment (FREC)
<input type="checkbox"/> Emergency Response Radio Coverage (FERR)	<input type="checkbox"/> Hot-Works (fixed, mobile, or combo) (FHFC)	<input type="checkbox"/> Repair Garage (FRGC)
Explosives	<input type="checkbox"/> Industrial Ovens-Baking/Drying (FOIC)	<input type="checkbox"/> Spraying and Dipping (FSDC)
	<input type="checkbox"/> Explosive Materials Storage/Use (FEMC)	<input type="checkbox"/> Tire Rebuilding Plants (FRPC)
	<input type="checkbox"/> Fireworks Mfg – Storage/Use (FFMC)	<input type="checkbox"/> Tire Storage (FTIC)
<input type="checkbox"/> Filming (FDFC)	<input type="checkbox"/> Liquefied Petroleum Gas, Commercial (FPGC)	<input type="checkbox"/> Tires(scrap)/Byproducts Storage (FTSC)
<input type="checkbox"/> Fireworks/Pyro-Proximate In/Outdoors (FFPC)	<input type="checkbox"/> Liquid/Gas Vehicle/Equip Assembly (FLQC)	<input type="checkbox"/> Waste Handling (FAWY)
	<input type="checkbox"/> Lumber Yard/Woodworking Plants (FLYC)	<input type="checkbox"/> Wood/Plastic Pallet Storage (FWPC)
	<input type="checkbox"/> Magnesium Working (FMWC)	<input type="checkbox"/> Wood Products (FWOC)

PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction ☐ Renewal only Application # (If applicable): _____
 (Please check one) **Note: If plan is a revision, or a correction, then the original application number must be provided.**
 Expedite: ☐ Yes or ☐ No Municipal Project/Property: ☐ Yes or ☐ No APN: _____
 Address to be permitted: _____ Bldg-Suite #: _____
 Business/Company Name to be permitted: _____
 (Use DBA Name) Phone #: _____ Fax #: _____
 Inspection Contact Name: _____ Cell Phone #: _____
 Inspection Contact Email Address: _____

RENEWAL CONTACT INFORMATION (To whom and where the renewal notice will be mailed)

Contact Person/Dept: _____
 Billing Address: _____ Bldg-Suite #: _____
 City, State, Country, Zip Code: _____
 Contact Email Address: _____
 Contact Phone #: _____ Ext: _____ Fax #: _____

APPLICANT INFORMATION

Submitting Company Name: _____
 Mailing Address: _____ Bldg-Suite #: _____
 City, State, Country, Zip Code: _____
 Company Email Address: _____
 Company Phone #: _____ Fax #: _____
 Applicant Phone #: _____ Ext: _____ Fax #: _____
 Applicant Email Address: _____

Applicant Name and Title

Applicant Signature